**East Central University**



**Veteran Intake Sheet**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ECU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ ECU Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@email.ecok.edu

Undergraduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: Spring: \_\_\_\_\_\_\_\_\_\_ Fall: \_\_\_\_\_\_\_\_\_Summer: \_\_\_\_\_\_\_\_ Year: 20\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All double majors must meet the requirements as outlined in the ECU course catalog. All requests must be submitted to the School Certifying Official prior to the veteran student’s entrance into the dual objective study. All requests must be signed by the chairperson or dean of the department involved in granting the dual degree or major.

**For Office Use Only**

NEW TRANSFER CONTINUE CONCURRENT

 Full Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hrs Alternate Calendar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hrs Extended Term (sum) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hrs

1st 8 wk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hrs 2nd 8 wk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hrs Intersession \_\_\_\_\_\_\_\_\_\_\_\_ hrs Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student changed major/minor to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last semester VA certified at ECU? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kicker sent for new student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran Student Support Services, 1100 E. 14th St., ECU PMB V-5, Ada, OK 74820-6999, (580) 559-5249, FAX (580) 559-5776

- I understand that I must report all changes of class schedules (drop/add/withdrawal) to Veterans Student Support Services immediately upon processing.

- I understand that I must complete a Veteran Intake Sheet for EACH semester that I desire to receive benefits. I will not be certified if I have not done so.

- I grant permission for representatives from ECU Veterans Student Support Services to check my class attendance, participation, and grades and report all irregularities to the Regional VA office as required.

- Failure to complete any of the above could result in the delay or loss of educational benefits through the VA.

STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am a veteran or am on active duty requesting the following VA Benefit:**

\_\_\_\_\_\_\_Post-9/11 (Chapter 33) \_\_\_\_\_\_\_\_\_\_\_Montgomery GI Bill (Active Duty, Chapter 30) \_\_\_\_\_\_\_\_\_\_\_\_ Vocational Rehabilitation (Chapter 31)

\_\_\_\_\_\_\_ REAP (Chapter 1607)\* \_\_\_\_\_\_\_\_\_\_ MGIB Selected Reserve (Chapter 1606)\*

(\* Please Indicate: National Guard \_\_\_\_\_\_\_\_\_\_\_ or Reserve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

If you checked Chapters 30, 31, 1606, or 1607, did you serve after September 11, 2001? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

I am on Active Duty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

(If yes, are you receiving additional aid from the Department of Defense? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No)

What Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A/D TA, Reserve TA, etc…)

**CHAPTER 1606/1607 Only:**

Did you receive a kicker as part of your educational benefits? \_\_\_\_ Yes \_\_\_\_ No (1606 and 1607 only)

**I am a Dependent/Spouse requesting the following VA Educational Benefit:**

Dependents’ Educational Assistance (Chapter 35: dependent/spouse of deceased or 100% totally and permanently disabled veteran.)\_\_\_\_\_\_\_\_\_\_\_\_

Post 9/11 (Chapter 33T: parent or spouse was on active duty when benefits were transferred.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_